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Worldwide Report

EPIDEMIOLOGY

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14 November 1983

WORLDWIDE REPORT
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NEW NATION EDITORIALS COMMENT ON EPIDEMICS

Outbreak of Diarrhea

Dhaka THE NEW NATION in English 1 Oct 83 p 5

[Text] Although the over-all flood situation is improving, diarrhoeal diseases are taking a severe toll in several flood-affected areas of the country. According to latest report, 300 persons have been attacked by diarrhoeal diseases of whom 32 succumbed in four upazilas of Dinajpur district. Widespread diarrhoeal diseases were reported from Faridpur, Kushtia and Rajshahi and other affected areas. In Faridpur, an endemic district, the toll till Wednesday was 85 according to an unofficial estimate and 68 according to official confirmation. An earlier report from Brahmanbaria said 30 persons were attacked with cholera and 11 died in one union alone.

By any reckoning the tolls are high. But according to newspaper reports the authorities are reluctant to treat these cases with the seriousness needed to combat an epidemic. It is extremely unfortunate that the mounting cases of death have not moved the administration into taking emergency measures but a diminished concern for human life is a general characteristic of our society at present and the administration is only a part of the society.

Besides playing down the severity of the outbreak, the administration has a tendency to explain away all cases of cholera as diarrhoea. Medical experts do not disagree that cholera and diarrhoea have overlapping symptoms and in fact, they say, cholera is also a kind of diarrhoea and can be called 'choleric diarrhoea.' But, they caution, cholera is severer, life-threatening and, unlike other forms of diarrhoea, is caused by a germ called "Cholera Bibrrio". Failure to segregate cholera cases can only help spread the disease.

It now appears that we have been wasting much time and resource on making available the cholera "vaccine", that is, the currently used injected vaccine. Recent researches have shown that since anti-bodies against naturally acquired cholera are produced in the intestines and not in the blood-stream, injected vaccine has no value in controlling the disease. Therefore oral vaccines, if appropriately developed and used have a good chance of success.

Reports of shortage of saline in hospital are disturbing. Elaborate instruction on home-made saline may be provided to the people so that some treatment

can be given when no hospitalisation is possible. The mass media have a role to play. Since timely rehydration is a crucial factor, even homemade saline, competently administered, can save lives.

Identification of Cholera

Dhaka THE NEW NATION in English 4 Oct 83 p 5

[Text] Government is making all out efforts to arrest the spread of cholera and to prevent large scale suffering and death from it in the wake of flood. But the present Government, like its predecessors, has failed to set in motion a full-time, vigorous cholera surveillance and reporting system aimed at intercepting and combatting the disease at the earliest opportunity. In the past the Government had, of course, reasons to fear both cholera and the consequences of reporting the extent of the disease. For cholera, one of the worst enemies of mankind, not only decimated thousands in this part of the globe, but was responsible for irrational international attempts to arrest the fury of the disease by imposing partial, or even total, trade embargoes. Fearing such embargoes, as well as loss of tourism, it was a common tendency of the governments worldover to try to hide the severity of an outbreak, as well as to deny, even to themselves, knowledge of its extent.

Over the past decade, however, the situation has changed to a great extent, as much more has been learned about the disease and its prevention, transmission, treatment and control. As a result, many countries including the developed ones today are making vigorous efforts to assess and report cholera statistics. But unfortunately we are still hiding cholera cases and trying to explain those away as cases of strong diarrhoea, gastroenteritis or something else. As a result the disease, whatever name we give to it, keeps on stalking the nation. This year too it has already taken a heavy toll in Dinajpur, Kushtia, Rajshahi, Faridpur and some other parts of the country.

We do not have, however, any reasons to play at hide and seek any more. Today, fury of this disease can easily be controlled, thanks to the development of oral rehydration therapy, the prior availability of an effective intravenous rehydration method and antibiotics. If adequate and timely preventive measures can be taken, no one will need to die of cholera.

Moreover, there is absolutely no scientific basis for imposing trade embargoes-- because cholera most likely is spread from one country to another by people who travel, not by goods. To prevent the spread therefore, it is necessary to control it in humans. Cholera is transmitted from person to person, as well as via contaminated food and water, especially in overcrowded, insanitary environments. However, even within such environments, the disease can be kept to a bare minimum, if three things could be done: ensuring that excreta do not come in contact with running water, that hands are properly washed before eating and that water for domestic use is chlorinated or otherwise purified. A National Control Programme for Diarrhoeal Diseases and the National Oral Rehydration Programme may have positive effects in educating the populace about the disease and combatting cholera outbreaks.

From the point of trade and tourism also, hiding cholera cases does not make any sense. Most of our trading partners report cholera. They also know the disease is prevalent in Bangladesh. So they are likely to feel more insecure and behave more irrationally if reports of cholera in Bangladesh come only from unofficial sources and the administration tries in vain to conceal truth. Whether, we admit it or not, by trying not to call cholera cholera we are be-fooling none but ourselves.

CSO: 5500/7027

BRIEFS

MALARIA EPIDEMIC REPORTED--COT 1: Malaria has broken out in epidemic form in Lama subdivision under Bandarban district. About 100 people had died of the disease so far in the last three months in the subdivision. But the District Health Office had confirmed the death of only 30 people. The affected areas in the subdivision are Lama Sadar, Ali Kadam, Naikkanchhari, Babu Para, Yazalia, Aziznagar, Chiunipara, Fasiakhali and Yundoom. Most of the malaria victims died without having any medical treatment. Very recently medical aid in a very small form reached the places. The hospitals in the area had been running short of medicines. [Text] [Dhaka THE NEW NATION in English 2 Oct 83 p 1]

CHOLERA, DIARRHEA DEATHS--PABNA, Oct 3: Thirtyone more people died of cholera and diarrhoeal diseases in the flood hit areas of the district during last few days. About 1700 people have been attacked by the post-flood diseases like cholera, typhoid etc., it is learnt. Civil Surgeon, Pabna, however, confirmed 12 death and 329 cases of diarrhoeal attack. He said there were acute crisis of cholera vaccines, water purifying tablets and saline preparations. With the 31 more deaths the total death toll in the flood hit areas rose to 39. [Excerpt] [Dhaka THE NEW NATION in English 4 Oct 83 pp 1, 8]

DIARRHEA IN ADKHAURA--BRAHMANBARIA, Oct 3: Diarrhoea claimed 3 lives and attacked 50 others in two villages under Akhaura upazila during last one week. Officials, however, confirmed two deaths and eight cases of attack. [Excerpt] [Dhaka THE NEW NATION in English 4 Oct 83 p 1]

OUTBREAK IN DISTRICTS--KUSHTIA, Sept 30 Another person died of cholera at Barkhada village under Barkhada union of Kushtia thana. The death toll due to cholera rose to three in Kushtia thana. According to Civil Surgeon's control room, 1323 persons were attacked by Gastroenteritis diarrhoea and dysentery. Kushtia Sadar Hospital source said that 15 cholera cases were admitted in the hospital in last three days from Baradi, Jugia, Kopurhat and Barkhada. PABNA-- Our correspondent reports: As the aftermath of floods Diarrhoeal and cattle diseases have broken out in an epidemic form in the flood affected areas here. According to reports, nine persons died of and 15000 people have been attacked by diarrhoeal diseases, typhoid, influenza and dysentery in different flood hit upazilas. Chorea vaccines, salin water, water purifying tablets and other medicines are in awfully last supply. On the other hand, 31

cattleheads died in Pabna Sadar upazila and two in Chartarapur Union, according to a source close to SDO, Pabna Sadar. When Contacted the District Livestock Officer said cattleheads have been badly suffering from want of fodder in the affected areas. [Excerpts] [Dhaka THE NEW NATION in English 4 Oct 83 p 2]

CHOLERA IN DINAJPUR--NILPHAMARI Oct. 13: Five persons died of and 30 more persons have been attacked by cholera during the last two days at Khansama Upazila under Dinajpur district adjacent to Nilphamari thana Upazila Nirbahi Officer confirmed. [Text] [Dhaka THE NEW NATION in English 14 Oct 83 p 1]

CHOLERA IN JESSORE--NOAPARA (Jessore), Oct 7: 13 persons died as cholera brokeout in an epidemic form in different villages of Abhaynagar upazila during the last five days. The badly affected areas are Paira, Kota, Barnadi, Dhigotia, Borni, Chengutia, Baliadanga and Shundalia. [Text] [Dhaka THE NEW NATION in English 8 Oct 83 p 1]

MORE DIARRHEA DEATHS--October 9: Diarrhoeal diseases so far claimed five lives including three children and affected 30 others at Chandgaon Union under Panchalaish thana during last fortnight. When contacted the local health officials said they had taken precautions to contain spreading of the disease. [Text] [Dhaka THE NEW NATION in English 10 Oct 83 p 1]

CSO: 5400/7030

BRAZIL

DDT SUPPLIES EXHAUSTED; MALARIA INCIDENCE RISING

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 7 Oct 83 p 7

[Text] SUCAM (Superintendency of Public Health Campaigns) is running out of DDT, the pesticide used to combat the mosquito which carries malaria. DDT stocks are depleted and SUCAM is awaiting a shipment of 1,600 tons of the product, imported from Italy. The process of purchasing DDT on the foreign market began in January, but nothing has arrived in Brazil to date. The first 800 tons will be paid for with money from the World Bank and the remaining 800 tons--worth slightly more than 1 billion cruzeiros--will come out of the budget.

Although superintendency technicians donot really know the reason for the delay, they do know that malaria cases will multiply if the pesticide used to fumigate dwellings does not arrive soon. There are enough reserves for about 1 month, but SUCAM has been trying to supply some priority areas. What is certain, the technicians say, is that this situation is jeopardizing the development of the malaria prevention program.

Before 1982, SUCAM did not have problems of this kind, because it bought the DDT here in Brazil. It happens that in January of that year, the Hoechst Company suspended manufacture of the product used to prepare the DDT, making it necesssry to import. However, SUCAM technicians hope that the country will resume production of the pesticide in 1984.

Last year there were 221,000 cases of malaria, 10 percent more than were registered in 1981. This year, to 17 September, there were 173,565 cases. 24.6 percent more than in the same period in 1982, when 142,000 cases were registered. According to the SUCAM technicians, the reason for the increase was the settlement process in the Amazon Region, to the extent that, of the total number of cases registered this year to date, 169,000 occurred in that region. The remaining cases were verified in Camacari, Bahia, with about 400 patients, in Vale do Parana, with the same number of cases, in Goias and in Santa Catarina.

6362

CSO: 5400/2010

BRAZIL

POSITIVE RESULTS OF POLIO VACCINATION CITED

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 19 Oct 83 p 13

[Text] Not a single case of infantile paralysis has been recorded in the city of Sao Paulo for the past 2 years. According to Jose da Silva Guedes, municipal secretary of health, this proves that the vaccination coverage has reached a very good level. Yesterday he advocated a change in the national polio vaccination campaign system. He thinks that routine vaccination could be continued and a special system could be established in areas where it is difficult for the people to get to the health units.

The health secretary noted that the Health Ministry should continue with its national vaccination campaign in the rest of the state and the country. He also said he favored a measles vaccination campaign in the capital, as the ministry has planned. According to the secretary, the only problem is to establish the age of the children; in Sao Paulo they are vaccinated at 7 months, with another dose at 15 months, whereas the ministry plans to vaccinate at 9 months.

Yesterday the secretary was at the Ministry of Health, where he asked for funding from FINSOCIAL [Funding Authority for Social Programs] to control contagious diseases and to expand the health care system on the outskirts of the city.

The Health Ministry has announced the final statistics on the 13 August national vaccination campaign against infantile paralysis; 18,713,974 children up to 4 years of age were vaccinated, representing 99.4 percent of the 18,829,582 children whom the campaign sought to reach. Adding children over 4 years of age who came to the health units, the total coverage was 21,206,117 children.

In nine states, more children were vaccinated than had been expected. They were Paraiba, Pernambuco, Alagoas, Sergipe, Bahia, Espirito Santo, Rio de Janeiro, Santa Catarina and Rio Grande Do Sul. However, the largest number of children were vaccinated in Sao Paulo and Minas Gerais: 3,422,614 (96.1 percent) and 2,025,442 (97.9 percent), respectively. Coverage was less than 90 percent (the minimum goal) in Rondonia, Acre, Amazonas, Roraima, Rio Grande do Norte, Fernando de Noronha, Mato Grosso do Sul, Mato Grosso and the Federal District.

6362

CS0: 5400/2010

BRAZIL

BRIEFS

MORE FUNDS FOR ENDEMIC DISEASES--The Superintendency of Public Health Campaigns [SUCAM], of the Ministry of Health, will invest 55.1 billion cruzeiros next year in its program to control endemic diseases, as well as 146 million cruzeiros on research and 85 million cruzeiros on manpower training. The major portion of the funding will go to combat malaria. An endemic disease, with 169 cases already recorded by 1 September of this year, Malaria will receive 22.1 billion cruzeiros. In the same period last year, 137 cases of malaria were registered. SUCAM intends to spend 19.8 billion cruzeiros on the control of Chagas disease and 3.3 billion cruzeiros to combat the Aedes Aegypti mosquito, which transmits yellow fever. The remaining funds will be used to combat other endemic diseases which require smaller sums, such as filariasis and leishmaniasis. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Oct 83 p 11] 6362

MALNUTRITION STATISTICS--About 50 percent of the country's population of infants under 5 years of age have some type of nutritional deficiency. Between 4 and 5 percent of this total, in the northeast, suffer from third-degree malnutrition, meaning a weight loss of more than 25 percent. In states like Sao Paulo, this degree of deficiency affects only 0.5 percent of children in this group. Bertoldo Kruse Grande de Arruda, president of the National Institute of Food and Nutrition, made the statement yesterday in Brasilia, following the ceremony commemorating World Food Day, in which Jose Ubirajara Tunn, acting minister of agriculture, also took part. Speaking on that occasion, Bertoldo Kruse said that World Food Day should be characterized by a reavowal of the propositions on the dignity of human life as they pertain to the satisfaction of man's nutritional needs. He concluded by quoting historian Arnold Toynbee: "Health requires an alliance of effective preventive medicine and suitable nutrition, which means the absorption of the necessary foods in sufficient quantity and in the proper proportions." [Excerpt] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 Oct 83 p 13] 6362

AIDS CAUSES 13 CASUALTIES--Sao Paulo--According to reports released by Paulo Roberto Teixeira, coordinator of the Health Secretariat program for control of AIDS, 13 cases of AIDS [Acquired Immunology Deficiency Syndrome] have been recorded in Sao Paulo between November 1982 and yesterday. From this total, nine persons died, two have been hospitalized and two are undergoing treatment. [Excerpt] [PY262336 Rio de Janeiro O GLOBO in Portuguese 1 Oct 83 p 7 PY]

COLOMBIA

BRIEFS

AIDS CASE REPORTED--Bogota--The Colombian Association of Scientific Organizations [Asociacion Colombiana de Sociedades Cientificas] has disclosed that three cases of the Acquired Immune Deficiency Syndrome [AIDS], have been reported in Colombia. The association said this disease is a latent danger for the entire nation. Meanwhile, the Health Ministry announced it will conduct an investigation to establish the true magnitude of the problem. [Excerpt] [Bogota Emisoras CARACOL Network in Spanish 1215 GMT 19 Oct 83 PA]

CSO: 5400/2012

INDONESIA

BRIEFS

STATISTICS ON TUBERCULOSIS--JAKARTA, Thurs. Indonesia--About 400,000 Indonesians or an average 2.5 persons out of 1,000 are suffering from tuberculosis, the Indonesian Tuberculosis Eradication Association said yesterday. A spokesman for the association said majority of the sufferers, mostly in North Sumatra, are people above the age of 20. But, he added, intensified efforts can reduce the number of sufferers to about 50 per cent by the year 2000. He said the Government considers injections as the most effective means of preventing underage children from contracting the disease. Indonesia will host the 13th Eastern Regional Tuberculosis Conference of International Union against Tuberculosis in November. The conference will discuss matters concerning the latest developments in chemotherapy and experiences on controlling TB and other lung diseases.--AP. [Text] [Kuala Lumpur NEW STRAITS TIMES 23 Sep 83 p 13]

IRIAN JAYA INFLUENZA--Jakarta (JP)--Influenza epidemic has killed 162 people in eight villages of Irian Jaya, it was reported Friday. The villages in the Oksibil regency have in the last 3 months been affected by the epidemic killing 117 grown ups and 45 children. Another 746 people remain in critical condition and are badly in need of medical aids. A team of doctors has been assigned to that area since early in September, according to daily SINAR HARAPAN. [Excerpt] [Jakarta JAKARTA POST in English 1 Oct 83 p 3 BK]

CSO: 5400/4323

BRIEFS

INFECTIOUS HEPATITIS EPIDEMIC--The Ministry of Health instructed inhabitants of Tur'an, near the Golani Junction, to cook all vegetables before eating them and to boil all water before drinking. The instructions came following the outbreak of infectious hepatitis which affected dozens of children in the village. On 25 September a nurse from the Epidemiology Department of the health ministry visited the village in an attempt to track down, with the help of Kupat Holim workers in the village, the source of the disease, which had been hitting the village for a month. An 'AL HAMISHMAR reporter found out that this is the second infectious hepatitis epidemic to hit the village's children. Four months ago nurses of the health ministry visited the village and left instructions with families where children had been sick. In the last month there were more than 20 cases reported in the village. Kupat Holim physicians think that the source of the contamination is the sewage system, the water from which was used to water the vegetables. There is also the possibility of contamination of the drinking water by the sewage system.

Text /Tel Aviv 'AL HAMISHMAR in Hebrew 26 Sep 83 p 3 8646

CSO: 5400/4502

KENYA

BRIEFS

ANTI-CHOLERA MEASURES--Residents of Nairobi have been assured by the permanent secretary in the Ministry of Health that the ministry has taken enough measures to contain the spread of cholera in the city. In a statement issued in Nairobi today, Mr Kipsanai, however, confirmed that several cases of cholera had been identified in Korogocho and Kibera areas. He said that the 20 cases that were identified in the two areas were treated in hospital and discharged. The permanent secretary said along with the Nairobi City Commission, his ministry will do everything possible to contain and eliminate the disease. [Text] [Nairobi Domestic Service in English 1600 GMT 25 Oct 83 EA]

CSO: 5400/21

BRIEFS

VIENTIANE VACCINATION PRIORITIES--In order to focus on maintaining the health and strength of people of all ethnic groups and to take part in scoring a full-scale achievement in this rainy season's production, the Vientiane Capital public health service has, since early this year, organized cadres to work in cooperation with district public health cadres and other offices and organizations in order determinedly to vaccinate people against disease in different production bases within seven districts, e.g., factories, schools, nurseries, and agricultural co-ops. They have now been able to vaccinate 60,287 people against diphtheria, whooping cough and tetanus, 10,600 people against tuberculosis, 1,982 people against chickenpox, 9,621 people against polio, and gave tetanus shots to 9,621 pregnant women and 2,595 men. Moreover, they gave injections against cholera and typhoid to 1,077 workers in different factories. Now the medical cadres are continuing to give injections against different diseases to the people on second and third rounds within 27 out of 48 cantons throughout Vientiane Capital as planned. The goal of giving injections against diseases is focused on children 2 years old and under, females between the ages of 15 and 49, and children who are in the 1st year elementary school. [Text] [Vientiane VIENTIANE MAI in Lao 2 Sep 83 p 1] 9884

VIENTIANE MALARIA SUPPRESSION--A malaria suppression station under the Vientiane Capital public health service stated that in July 1983 the station organized its cadres to effectively suppress malaria down in Hatsaifong, Saithani and Nasaithong Districts and different production bases. During this time they were able to capture 110 malaria carriers of the Anopheles mosquito family, examine blood in 63 people in order to look for malaria, and give injections to prevent and work against malaria to 3,335 people. Moreover, they attentively injected medicine to prevent TB, chickenpox, whooping cough, diphtheria, tetanus and polio, and injected medicines for disease prevention to women totaling 2,335 people. Now the cadres of this specialized task are continuously and attentively carrying out their specialized task. [Text] [Vientiane VIENTIANE MAI in Lao 20 Aug 83 p 1] 9884

CHOLERA, MALARIA WORK IN SAVANNAKHET (KH. P. L.)--Since 5 September the public health service of the Route 9 construction headquarters in Savannakhet Province has sent its mobile medical unit to inject vaccine for cholera prevention, to give physical examinations, and to give out antimalaria medicine to cadres and workers in different divisions of the production enterprise which is now improving and constructing Route 9. This task is being carried out in cooperation with the provincial public health service and other medical doctors in

terms of injection for disease treatment by starting to carry out this task [for] the construction companies of the central irrigation construction company Nos 1 and 2 and the construction of Se Koun Kam and Se Thamouak bridges under the irrigation, survey, design and research center. In each place, besides giving anticholera medicine they also gave physical examinations, took blood samples to look for malaria occurring where the workers were in order to find ways to exterminate it in a timely fashion. They do this to have all cadres and workers healthy and strong so they can put their spirit and ability into obtaining victory and finishing the Route 9 construction plan effectively as expected. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 9 Sep 83 p A1] 9884

SAVANNAKHET MALARIA CONTROL--Recently the malaria suppression service of Champhon District, Savannakhet Province, has sent medical cadres along with a quantity of antimalaria [spray] and antimalaria medicine to work in cooperation with each administrative committee level to suppress malaria responsibly in the rainy season in different villages. In this task, they drew blood samples from over 2,000 people to look for malaria, gave out antimalaria medicine, and sprayed against malaria in the people's houses and in different places. They completed the task as planned, gradually decreasing the incidence of illness of the people in each area. [Text] [Vientiane PASASON in Lao 29 Aug 83 p 1] 9884

VIENTIANE MALARIA CONTROL--Sanasongkham is a rich locality in Vientiane Province. [The district public health service] has attentively suppressed malaria. For example, they succeeded in spraying DDT in each village in every canton. [Excerpts] [Vientiane PASASON in Lao 30 Aug 83 p 3] 9884

CSO: 5400/4305

LESOTHO

BRIEFS

RABIES OUTBREAK--Reports from Teyateyaneng say the rabies outbreak in the district has reached a critical stage and there are indications that the situation might worsen if prompt and concrete steps are not taken to curb it. An undisclosed number of people are reported dead in at least three areas of the district. The district coordinator for Berea, Mr (Phillip Sehloho), said in an interview with Radio Lesotho this morning that he could not at the moment tell the exact number of people dead. He said he was due to meet liason officers later today to verify the reports. He expressed concern at the situation and said it was aggravated by the people who eat animals killed by the disease. [Text] [Maseru Domestic Service in English 1130 GMT 28 Oct 83 MB]

CSO: 5400/21

GOVERNMENT PLANS ANTI-MEASLES PILOT PROJECT

Kuching THE BORNEO POST in English 15 Sep 83 p 2

[Text] Kuala Lumpur, Wed:--The Health Ministry is planning an anti-measles pilot project to be implemented next year as an effective preventive measure for the whole country, Health Service Director Datuk Ezaddin bin Mohamed said today.

The move followed the Rubela outbreak which attacked several university students on the University of Malaya last month, he said in a statement.

He said that following a scientific study conducted last year, a national anti-measles programme was drawn up and launched in November.

During the first quarter of this year, more than 80,000 children had been given immunization against measles and more than 250,000 measles vaccination doses were still available in the various state in the country, he said. [as published]

He advised parents to bring their children who are between six months and six years to immunization centres for anti-measles vaccination.

He said that Rubela, a slight infectious disease is caused by the Rubela virus and is accompanied by symptoms including slight temperature, running nose and eye infection. Because of this, he said, more than 50 per cent of cases of the disease could not be detected.

He advised women who have German measles and are expecting or who missed their period to consult a doctor for early immunization.

CSO: 5400/4321

BRIEFS

MORE DENGUE FEVER SUSPECTS--Kuching, Mon.--Five suspected dengue cases were reported here over the weekend bringing the total number of cases in Sarawak this year to 242. A spokesman of the State Medical and Health Services Department said today that four victims with suspected dengue fever and another with suspected dengue haemorrhagic fever had been admitted to the Sarawak General Hospital here. The dengue fever victims were a 30-year-old woman from Pending, a 26-year-old woman from Foo Chow Road and two schoolboys, aged nine and 15 years. The dengue haemorrhagic fever victim was a 33-year-old man from Seng Goon Garden. The number of confirmed cases in the State so far this year is 70, including two deaths.--Bernama [Text] [Kuching THE BORNEO POST in English 27 Sep 83 p 4]

CHOLERA INFESTED RIVERS--Kuala Lumpur, Thurs.--Rivers and offshore areas in the country found contaminated with cholera bacteria are now clearing up. Director of Health Services Datuk Dr Ezaddin Mohamed said most of the samples collected recently for testing by the Health Ministry were free of bacteria. "The situation is improving. There have been no cases of cholera for the past four or five weeks." Since the beginning of this year, a total of 4,144 samples of water have been collected throughout the country for analysis. [as published] Out of this, 260 samples or 6.3 per cent were found to be contaminated. This is said to be a high incidence of contamination compared with the previous outbreak in 1978 in which only three per cent of the water samples tested were contaminated. Datuk Dr Ezaddin said contaminated river and sea water clear up in a matter of weeks if people who are either victims or carriers of the disease do not defecate in the water. The bacteria would live or multiply for a short while before they die off. In heavily polluted waters, they live for about one or two weeks. But in the less polluted south-east waters off the peninsula, they can live for three weeks to a month. [Text] [Kuala Lumpur NEW STRAITS TIMES in English 30 Sep 83 p 7]

GERMAN MEASLES EPIDEMIC UNDER CONTROL--Kuala Lumpur, Sat.--The german measles epidemic at the University of Malaya is on the decline with its health unit treating an average of five cases a week. A spokesman for the Student Affairs Department said since the outbreak in August, there were 100 confirmed cases. All those affected have recovered. They have been attending classes. Since the outbreak, the university authorities have carried out screening tests on all suspected cases. A circular was also

sent requesting all pregnant women to attend tests at the health unit. The spokesman said the tests showed that no pregnant women had german measles. A team from the University Hospital would be on the alert in case of fresh outbreak, he said. The students began their two-week vacation today.--Bernama [Text] [Kuala Lumpur NEW STRAITS TIMES in English 2 Oct 83 p 7]

CSO: 5400/4321

MENINGITIS RISE REPORTED

Auckland THE NEW ZEALAND HERALD in English 30 Sep 83 p 8

[Text]

Meningitis is on the increase.

The number of meningitis cases reported so far this year to the Health Department already exceeds the total number notified annually since 1980.

The department's assistant director of disease prevention, Dr John Clements, said 26 cases of meningitis had already been reported this year, the largest number since 1979, when there were 49 cases.

But Dr Clements said the increase gave no cause for alarm.

Meningitis was caused by an organism called meningococcus which many people carried in their nose and throat without coming to any harm, he said.

From time to time individuals became sick and then it could be a serious illness.

Earlier this month a person in Auckland had died of complications of

the disease, Dr Clements said.

Very occasionally, epidemics of meningitis occurred, usually in crowded conditions such as barracks or schools. It used to be well known as a disease of new recruits put into overcrowded army barracks.

Dr Clements said the disease was transmitted by droplet infection. It made good sense to sneeze or cough into a clean handkerchief.

He said it was most unlikely that the recent case of meningitis in an Australian schoolboy after a rugby tour of New Zealand was related to the small outbreak of the disease in Auckland this month.

However, close contacts of the boy would be followed up in Australia and New Zealand.

Anyone found to have the organism would be treated with antibiotics to ensure they did not get the disease.

CSO: 5400/4322

LEPTOSPIROSIS WARNING ISSUED

Auckland THE NEW ZEALAND HERALD in English 4 Oct 83 p 1

[Text]

NZPA Wellington

Dairy farmers face a serious health risk by ignoring an infectious bovine disease which affects at least 400 farmers each year, says the Ministry of Agriculture and Fisheries.

The disease, leptospirosis, has little effect on cattle, but when passed on to humans results in a type of influenza which, in extreme cases, causes inflammation of the liver, bleeding under the skin and into the eyes, affects the kidneys and has even resulted in death.

The ministry estimates that at least a third of New Zealand's dairy farmers are, or have been, affected by the disease, and it is preparing a national publicity campaign to alert farmers to the danger.

The Accident Compensation Corporation, which has had to pay out large sums to affected farmers, and the Health Department will join the week-long campaign.

Highest

A veterinarian at the ministry's animal health division in Wellington, Dr Stuart MacDiarmid, said

yesterday that New Zealand farmers had the highest incidence of leptospirosis in the world.

Most dairy cows become infected at two years old, and the infection last for about a year. It is passed on through the cow's urine, usually when a farmer is splashed during milking.

Dr MacDiarmid said the disease was often longlasting in humans and, although easily treated by antibiotics, could recur.

Farmers were most susceptible during October and November, when cows were at peak milk production and took longer to milk.

A Massey University team under Professor David Blackmore had developed a vaccine available at an annual cost of about \$1 a cow, Dr MacDiarmid said.

Insurance

The Accident Compensation Corporation had studied the vaccine and found the cost to farmers, in proportion to the risk of infection, was about the same as taking out car insurance.

BRIEFS

HEPATITIS WARNING IN CHRISTCHURCH--Hepatitis is still increasing in Christchurch. Another five cases of the disease were reported to the Health Department in Christchurch last week, making a total of 19 cases in the last three weeks. Departmental officers have already warned that it might be the start of a hepatitis outbreak. They advised anyone who had a flu-like illness with some abdominal discomfort to be aware that they might have hepatitis. It was important to avoid handling food or other contact which could spread hepatitis in its highly infectious early stages. [Text] [Christchurch THE PRESS in English 27 Sep 83 p 8]

CSO: 5400/4322

CENTRAL PATRIOTIC HEALTH COMMITTEE HOLDS MEETING

Liao Hansheng Addresses Opening

OW221234 Beijing XINHUA in English 1151 GMT 22 Oct 83

[Text] Beijing, 22 Oct (XINHUA)--The newly-reshuffled Central Patriotic Public Health Campaign Committee opened a three-day enlarged meeting of its sixth committee here today. The new committee chairman is Liao Hansheng, vice-chairman of the Standing Committee of the National People's Congress.

In his speech to this morning's opening ceremony, Liao said the public health campaign was part of China's effort to build a country based on the moral and ethical values of socialism. He called for reform in the campaign, and further efforts to improve urban and rural sanitation within the next few years. He also praised the establishment of "clean-and-civilized" streets, villages, units and barracks as an important move to improve the environment.

Some cities and towns have set up a responsibility system making each unit responsible for cleaning and planting trees along the street where it is located, Liao said, and urged adherence to the principle that "the people's cities are built and managed by the people." He further called for rapid improvement of water supply and garbage disposal systems, the elimination of flies, mosquitoes and rats, the popularization of hygiene and more sanitation laws.

The campaign committee has drafted a law on public health, Liao Hansheng said. But he also urged localities to work out their own decrees and regulations before the law is formally promulgated, and set up sanitation contingents to supervise the work.

The meeting will discuss the committee's work for the coming seven years and a national program to improve drinking water supply. The newly-appointed five vice-chairmen of the committee and its 21 members are all leading members of departments under the Chinese Communist Party Central Committee; government departments; various general departments of the Chinese People's Liberation Army; people's organizations; and the Beijing Municipal People's Government.

The Central Patriotic Public Health Campaign Committee was established in 1952. Similar organizations were later set up by provincial and local governments, the armed forces and other departments. The campaign is aimed at mobilizing people

to eliminate rats, flies, mosquitoes and bedbugs, pay attention to hygiene and prevent disease.

Health Minister's Work Report

OW221236 Beijing XINHUA in English 1157 GMT 22 Oct 83

[Text] Beijing, October 22 (XINHUA) -- More than 77 million urban dwellers and 350 million people in China's rural areas are now drinking clean running water or water from motor-pumped wells, according to Cui Yueli, minister of public health. In his work report delivered this morning to the enlarged meeting of the Central Patriotic Public Health Campaign Committee, Cui said 221 of 247 cities in China have set up centralized water supply systems since 1981. Twelve to fifteen percent of the country's rural population is now supplied with running water, he added.

Cui said that formerly, most peasants obtained drinking water from rivers, ponds, and mountain streams which were often polluted by agricultural runoff. There are still 5 hundred million more people in China who would benefit from improved supplies of drinking water, he said.

Cui added that supplies to 50 million additional rural dwellers will be upgraded by 1985, during the United Nations "international drinking water supply and sanitation decade" (1981-1990). China also plans to build water pipes and deep water wells in areas where the drinking water has a high fluorine or salt content, in water-shortage areas, and areas with a high incidence of disease, he said. Funds for the work will come from people's communes and production brigades. Money will also be donated by local peasants or allocated by government departments, Cui said.

The meeting will discuss a National Program for Drinking Water Supply in 1983-1990 (draft).

Committee's Leading Organ Reorganized

HK260952 Beijing RENMIN RIBAO in Chinese 23 Oct 83 p 1

[Report: "Leading Organ of Central Patriotic Public Health Campaign Committee Reshuffled"]

[Text] The CPC central authorities recently reorganized the Central Patriotic Public Health Campaign Committee and its functional organs and appointed members of this committee.

The newly appointed chairman of the committee is Liao Hansheng. Vice Chairmen of the committee are Hong Xuezhi, Cui Yueli, Yuan Baohua, He Kang, and Li Ximing. Members of the committee are Zeng Delin, Wang Wentong, Tian Yinong, Li Boning, Lin Yincui, Li Kefei, Song Keren, Peng Peiyun, Ma Qingxiong, Xu Yinsheng, He Ruquan, Ren Jingde, Li Jizhang, Zhong Qiuyuan, He Zhengwen, Zhang Xiang, Li Haifeng, Zhang Ruiying, Yu Shuqin, Bai Jeifu, and Wen Zhengyi. The director of the office of the Central Patriotic Public Health Campaign Committee is Li Jiuru.

RENMIN RIBAO Commentator's Article

HK280519 Beijing RENMIN RIBAO in Chinese 25 Oct 83 p 3

[Commentator's article: "There Should Be a New Development in Patriotic Sanitation Campaign"]

[Text] On the basis of summing up and exchanging work experiences gained in the past 2 years, the sixth enlarged meeting of the Central Patriotic Public Health Campaign Committee has set forth a new task. It calls on the patriotic sanitation organizations in various localities to carry forward the revolutionary spirit and strive to open up a new situation in the patriotic sanitation campaign. This call has enjoyed immense popular support. With the vigorous efforts of various localities, a new development will emerge in the patriotic sanitation campaign.

Our mass patriotic sanitation campaign has a history of more than 30 years. In a relatively short time we have attained notable achievements in changing prevailing habits and customs and protecting the people's health in a big country with a big population and poor foundations. Particularly in recent years, under the leadership of the CPC Central Committee and the State Council, we have attained outstanding achievements in cleaning up filth and transforming the environment throughout the country by alternating concentrated with regular patriotic sanitation campaigns and launching two civility and courtesy month drives. However, we should also note that the current task of wiping out pests and diseases is still very arduous and that the amount of work connected with the cleaning up filth in the towns and country is still very large. There is a serious shortage of public health facilities in some cities; the water used by some 500 million people should be purified; the density of the "four pests" in many cities is fairly high; the new scourge brought about by environmental pollution has yet to be prevented and eliminated; and some diseases which threaten the people's health are not under control. All these have a direct bearing on the health of the broad masses of people and the progress of the four modernizations. In order to have a new development in the patriotic sanitation campaign, it is imperative to counter the above-mentioned problems and strive to attain in the next few years notable achievements in various fields, such as the setting up of civility and sanitation streets, villages, units, and barracks, the launching of a "two managements and five transformations" drive centered on water purification and night soil management, the prevention and control of mosquitoes, flies, and rats, the popularization of hygienic knowledge, and the enactment and improvement of sanitation laws and regulations in order to change the sanitary outlook of town and country and improve the people's health.

In an effort to attain a new development in the patriotic sanitation campaign, we should sum up and popularize the numerous successful experiences attained in various localities. For example, in light of the new conditions following the implementation of the industrial and agricultural production responsibility systems and the improvement of the people's standards of living, some cities and rural areas have designed a method of raising funds by which the state contributes some funds, the collectives subsidize some, the individuals pay some, and the units raise some. In this way they have set up numerous undertakings which should have been set up but which were not set up due to a lack of funds, and speeded up the construction of public health facilities. Some cities and towns have also instituted various sanitation responsibility systems, such as "three contracted responsibilities for the afforestation, sanitation, and order in front of one's doorstep," "seven households and one post," and "four selfs and one united" (repair the road, unclog the ditch, plant trees, and sweep away rubbish in front of one's doorstep; unified planning and united action), and have gradually made sanitary work a regular and systematic pattern. These methods conform to the current actual situations of our country and reflect the idea of being masters of our own affairs and the spirit of self-reliance. Where conditions permit, we should promote them on a large scale.

The enactment and improvement of sanitation laws and regulations and the supervision for their implementation represent an important reform of the sanitary management system in recent years. Public health involves various trades and professions. It protects the health of every person and relies on every person to safeguard it. While stepping up publicity and education, it is also necessary to enact sanitation laws and strengthen supervision for their implementation.

Only in this way can we effectively put a stop to various kinds of pollution and unsanitary phenomena and carry out the requirements of public health. Some provinces, municipalities, and autonomous regions have enacted some sanitation laws and regulations. It is necessary to put them into practice. Those which have not enacted sanitation laws or regulations can first enact some local sanitation laws or sanitary management regulations. In the meantime, it is necessary to strengthen the ranks of supervisors for the implementation of sanitation laws. There should be people at every level to carry out this work. With respect to violations of sanitation laws and regulations, we should dare to handle them and should not let them take their own course.

CSO: 5400/4104

WAN LI ADDRESSES PUBLIC HEALTH CAMPAIGN MEETING

OW250633 Beijing XINHUA Domestic Service in Chinese 1318 GMT 24 Oct 83

[By XINHUA reporter Wu Ming and RENMIN RIBAO reporter Bai Yun]

[Text] Beijing, 24 Oct (XINHUA) -- The sixth enlarged meeting of the Central Public Health Campaign Committee closed at the auditorium of the CPCC National Committee Building in Beijing this afternoon. Wan Li, member of the Political Bureau and the Secretariat of the CPC Central Committee and vice premier of the State Council, attended and addressed this afternoon's plenary session.

Comrade Wan Li pointed out: We should raise the patriotic public health campaign to a higher level in accordance with the guidelines of the 12th CPC National Congress. In the course of the patriotic public health campaign under the new situation, we should strive to improve the people's environment and living standards. In order to do so, we must wipe out the "four pests" [rats, bedbugs, flies and mosquitoes] and eliminate the harm of environmental pollution. We should study how to change our people's diet and make efforts to improve urban and rural drinking water, particularly rural drinking water, to improve the people's health and physique. All localities should formulate plans and measures, in consideration of the local situation, to deal with major problems affecting the people's health the most. They should also pay attention to general problems.

Wan Li demanded: All localities should first do a good job in building health organizations and put the patriotic public health campaign committees under the charge of capable comrades who resolutely implement policies and know their profession. Leading cadres at all levels should make the patriotic public health campaign a success with a high sense of responsibility towards the state and the people. They should mobilize the masses so that everyone guards his or her own health. There should be public health legislation and strict public health management systems.

Present at this afternoon's plenary session were Chairman Liao Hansheng; vice chairmen Hong Xuezhai, Cui Yueli, Yuan Baohua, He Kang and Li Ximing; and all committee members.

CSO: 5400/4104

H-FEVER 'SUPER-EPIDEMIC' REPORTED

Manila BULLETIN TODAY in English 18 Oct 83 p 24

[Text]

Charity wards of several hospitals in Metro Manila are reportedly jam-packed with patients sick of infectious diseases.

A "super-epidemic" of hemorrhagic fever (H-fever) and respiratory infections has afflicted hundreds of persons, particularly children below six years old, according to Dr. Arturo C. Ludan, director of the Lungsod ng Kabataan.

The 200-bed Lungsod ng Kabataan has almost reached its maximum capacity with 185 cases admitted. Almost 90 to 95 per cent of these cases are respiratory infections such as bronchitis and bronchopneumonia, and H-fever, Ludan said.

Noting the lack of bed vacancies, Ludan said the wards for these diseases may have to be expanded.

At the Capitol Medical Center where Ludan is a consultant, 50 per cent of the 70 persons admitted were said to be afflicted with H-fever.

Ludan said that he found the resurgence of H-fever "unusual" at this month. He disclosed the possibility that there may be a new strain of dengue virus affecting the population.

In view of the resurgence of H-fever, Ludan urged school officials to fumigate their surroundings especially breeding places of mosquitoes.

At the SLH where most communicable diseases are referred, patients reportedly had to be squeezed into crowded charity pavilions on days when admissions were heavy. Beds in pavilions had to be added to accommodate all patients, Dr. Catherine Rañoa, SLH director said.

Informed sources at the SLH said, however, that two patients are sometimes asked to occupy one bed when the hospital runs short of beds.

Meanwhile, Dr. C. Agregado, director of the National Children's Hospital, said that

almost 100 per cent of the 250 beds are occupied. A total of 209 respiratory cases and 60 diarrhea cases were admitted Oct. 3-16, she said.

More cases may have to be added to admit patients seeking admissions, she added.

Rañoa said that some 150 persons are being admitted at any one day at the SLH and an equal number of patients are also discharged daily. The SLH is fully occupied except for the pavilions.

During the past week, an increasing incidence in pneumonia was observed as 334 cases were admitted at the SLH. This number of cases is higher than the previous week's 291 and much higher than the five-year median of 173.

Typhoid fever and H-fever increased from 18 to 23 cases and 41 to 44 cases, respectively, last week. Diarrhea cases decreased by 18 cases from last week's 269 cases, the disease intelligence center said.

HEPATITIS OUTBREAK REPORTEDLY UNDER CONTROL

Doha GULF TIMES in English 29, 30 Drp 83 p 5

[Article by T.M. Anantharaman]

[Text]

AN OUTBREAK of hepatitis is reported in Qatar. But it is under control and there is no cause for alarm, according to the state's acting preventive health director Dr Khalifa al-Jaber.

He said yestrday: "The number of cases has come down considerably and we are taking proper preventive measures."

Two years ago 140 cases of hepatitis were reported between January and July. At that time, the preventive health department ran a campaign to make the Indian and Pakistani communities aware of it.

Most patients affected were said to belong to these communities.

A source close to the health ministry confirmed that incidence of the disease was much higher during January and February this year, but now the "number of cases is much less." An unofficial report that there

were 60 known cases at present is denied by the authorities.

A senior doctor said that cleanliness is the major weapon to defeat the virus. In acute cases there was no specific therapy as such, but the mortality rate was low. Symptoms were fever with jaundice and yellowish colour of urine and eyes.

"The disease has a long incubation period. It is therefore advisable for persons affected to report immediately to the health authorities and get checked at the hospital," the doctor said.

Qatar's recently established medical commission rules require that all those newly coming into the country get a medical check-up done. Since hepatitis cases have a long incubation period, it is essential that new entrants into the country report to the medical commission for thorough check-ups so that general public health is safeguarded.

SOUTH KOREA

BRIEFS

PREVENTIVE MEASURES ON ENCEPHALITIS--Seoul, 18 Oct (YONHAP)--As of Tuesday, 119 South Koreans have been stricken by encephalitis, and 12 others have died from the disease. The Health-Social Affairs Ministry's order to take preventive measures against the disease, which mosquitoes carry, was lifted as no new encephalitic patients have been reported since 2 October. This year, no cases of encephalitis were reported in South Chungchong Province on the southwestern part of the Korean Peninsula, or in the southern port city of Pusan. During the same period last year, 1,048 people contracted the disease and 32 died. [Text] [SK180137 Seoul YONHAP in English 0041 GMT 18 Oct 83]

CSO: 4100/015

BRIEFS

CHOLERA SITUATION EASED--Mbabane--The Swaziland Government said yesterday travellers crossing the border to and from neighbouring states will no longer be required to produce a cholera vaccination certificate. Announcing the lifting of this regulation with effect from yesterday the principal secretary of the Ministry of Health, Mr Tim Zwane, said the decision had been taken in view of the fact that no cholera cases had been reported in Swaziland since last February and that the cholera situation in South Africa does not appear to have worsened. He said, however, that the ban on the importation of fresh fruits and vegetables remains in force.--SAPA [Text] [East London DAILY DISPATCH in English 8 Sep 83 p 6]

CSO: 5400/19

TANZANIA

BRIEFS

DROP IN CHOLERA CASES--Dar es Salaam--Reports from the regions show that the cholera epidemic in the country has dropped drastically. Talking to Radio Tanzania today, director of preventive services Dr Mgeni said the last report received on cholera was on 20 August, where a patient died in Lushoto region. On dysentery, Dr Mgeni said that according to reports received last Friday, the disease is prevalent in Lindi, Kigoma, Kilimanjaro, and Mara regions where a total of 10 people were admitted into hospitals. [Excerpts] [Dar es Salaam Domestic Service in Swahili 1000 GMT 25 Oct 83 EA]

CSO: 5400/20

THAILAND

LIVER VIRUS AFFECTS 10 PERCENT OF THE POPULATION

Bangkok SIAM RAT in Thai 6 Jul 83 pp 1, 12

[Article: "High Rate of Liver Virus Found, Cause Is Sexual Promiscuity"]

[Text] Ten percent of the Thai people are suffering from a liver virus. That is a very large percentage of the population. This could become a cause of cancer later on. The causes of this are sexual promiscuity, reliance on bogus doctors and consumption of food that has not been cleaned properly.

Professor Prawet Wasi, the deputy rector for development and planning at Mahidon University, said that at present, 10 percent of the people in the country are suffering from a liver virus.

The symptoms exhibited by people with this disease are similar to those who have jaundice. That is, the skin is yellowish. And on occasion, this disease may develop into cancer of the liver or cirrhosis of the liver.

This doctor, who has won the Magsaysay Award, said that based on studies comparing [the number of patients here] with [the number of] patients in other countries, particularly India, it is thought that the proportion of ill people to the total population of Thailand is much too high. Concerning this, it is thought that Thailand's higher rate of liver virus disease stems primarily from the sexual promiscuity that goes on here. This is because there are many places of sexual pleasure, such as massage parlors, which do not exist in India. Besides this, this also stems from the fact that people go to bogus doctors who do not give the full set of injections in accord with the stipulations. And lack of cleanliness during treatment spreads the disease. Also, there is a [lack of] clean drinking water.

Dr Prawet said that at present, the drinking water in more than 50,000 villages throughout the country is dirty. This is a problem that must be solved quickly.

11943

CSO: 5400/4306

THOUSANDS SEEK TREATMENT FOR LIVER FLUKES

Bangkok BAN MUANG in Thai 20 Jul 83 pp 1, 16

[Article: "Doctors Discouraged About Liver Fluke Problem"]

[Text] The Faculty of Tropical Medicine has "complained" that it cannot treat all the people afflicted with liver flukes. About 200-300 people are coming in every day. It said that it is not a service unit but only a research unit. It has asked the Ministry of Public Health to take responsibility for providing treatment.

Dr Sansiri Sonmani, the dean of the Faculty of Tropical Medicine, Mahidon University, said that ever since the faculty began conducting studies on drugs to treat liver flukes and began achieving results, many people, especially people from the northeast, have been coming in every day for treatment. Approximately 200-300 people a day have been coming by minibus, which is 5,000-6,000 people a month. The Faculty of Tropical Medicine cannot treat this number of people since the facilities are very small.

The patients who come have to wait on the sidewalk and stairs. Besides this, there are only two doctors a day on duty to serve these people. And besides treating the people with liver flukes, they have to treat cancer patients, too.

The dean of the Faculty of Tropical Medicine said that studies have been conducted on various tropical diseases. Liver flukes are an important public health problem in Thailand. In particular, many people in the northeast and north are afflicted with this problem. This is because they eat raw fish such as sliced fish or cured fish. It is estimated that at present, at least 6 million people in the northeast alone have this disease. This destroys people's health and leads to cirrosis of the liver. And it can lead to caner of the liver.

Three years ago, there were no effective drugs to treat this. But during these past 3 years, the faculty has conducted studies on a drug that can be used effectively against this disease. However, it is very expensive. The cost of treatment is about 300 baht per person. This drug has not yet been distributed and so people who have heard that the faculty can cure this disease come in droves for treatment every day. And the number

is increasing every day. In many cases, people who have been cured have to return for treatment again since they are unwilling to change their eating habits and continue eating raw fish. This is very discouraging.

Dr Sansiri said that the faculty wants the Ministry of Public Health to make use of the results of the research done on using drugs to treat liver flukes and provide treatment services at the hospitals so that the people do not have to waste time and money coming to Bangkok for treatment. Because based on interviews with the people, it appears that those who come here have to spend about 1,000 baht apiece.

However, because the medicine is very expensive, just treating the people will not achieve results and people will come down with this disease again. Thus, it is essential that the people be taught how to keep from getting the disease. In particular, a way must be found to get the people to change their eating habits and stop eating raw fish. And there must be good hygiene concerning the use of latrines.

The dean of the Faculty of Tropical Medicine also said that many tropical diseases are still a serious problem in Thailand. The faculty must conduct more studies. But at present, the faculty lacks sufficient funds to expand its facilities even though it has requested more money for several years now. This has made it difficult to conduct research. If the government sees the importance of this and provides funds for expanding the facilities, the faculty will be able to conduct more studies on diseases that pose a problem for Thais.

11943

CSO: 5400/4306

EIGHTY PERCENT OF POPULATION HAS LIVER DISEASE

Bangkok BAN MUANG in Thai 11 Sep 83 pp 1, 16

[Article: "Eighty Percent of the Thai Population Has Liver Disease; Another 4 Million Are Carriers. There Is a Vaccine But It Is Expensive"]

[Text] Doctors have said that more than 80 percent of the Thai population has contracted a liver virus and that approximately 4 million people are carriers who can transmit the disease to others.

Dr Somchai Sombuncharoen, the director of the National Cancer Institute, said that the Type-B liver virus prevalent in Thailand is the important cause of acute inflammation of the liver and various chronic types of liver diseases, some of which are related to cirrhosis of the liver and cancer of the liver.

"From surveys among Thais, it was found that 80 percent either had inflammation of the liver in the past or have the disease now. And of these, 60 percent have built up an immunity; approximately 10 percent, or 4 million people, are chronic carriers that can transmit the disease to others. Also, the risk of these people contracting cancer of the liver is 223 times greater than that for people who do not have this virus. This is based on studies done in Taiwan," said Dr Somchai.

The director of the National Cancer Institute also said that more men than women are chronic carriers and men are more likely to suffer from various liver diseases. Also, cancer of the liver is more prevalent in men than in women. This liver virus can be transmitted through food, injections, blood that is donated or close contact.

Dr Somchai said that, concerning controlling this disease, at present, there is a very efficient and safe vaccine that can be given, but it costs approximately 2,000 baht per person. There is also a serum for this liver virus that can be used to provide protection when someone has been exposed to the disease. But it costs 4,000-5,000 baht per person. This is very expensive, and it has not been disseminated widely. However, at present, when people donate blood, it is essential that the [blood] be checked for this disease. Blood containing this virus should not be used since this could pose a danger.

11943

CSO: 5400/4306

CHOLERA OUTBREAK IN KORAT REPORTED

Bangkok DAO SIAM in Thai 1 Jul 83 pp 1, 2

[Article: "Cholera Kills Six In Korat"]

[Text] There has been an outbreak of cholera in Korat. Six people have died. Besides this, dozens of others are very sick. The disease has spread to several districts. Also, there are cases of hemorrhagic fever. Thus, Korat is a dangerous place.

A reporter reported that at 1530 hours on 29 June, 34 people suffering from cholera came to the Maharat Hospital for treatment. They came from various districts in Nakhon Ratchasima Province. They all had the same symptoms. That is, they had severe stomach cramps. The doctors admitted them and worked quickly throughout the day to treat the cholera patients.

Concerning this outbreak of cholera in Nakhon Ratchasima Province, Dr Phaichit Pawabut, the director of the Nakhon Ratchasima provincial public health office, told reporters that many people are sick in 13 districts of Nakhon Ratchasima Province. But the disease is serious and widespread in six of the districts: Sikhiu, Chum Phuang, Chok Chai, Chakkarat, Phimai and Muang districts. Six people have died from the cholera. The latest patient suddenly to fall ill with cholera is Mr Plien Kaemlam, age 38, who lives in Ban Nong Talat, Village 18, Nong Bunnak Commune, Chok Chai District, Nakhon Ratchasima Province. He was immediately sent to the Maharat Hospital. The Chok Chai District public health clinic initially admitted him for treatment, but because it did not have the equipment and medicines, he was sent to the Maharat Hospital. At the same time, the reporter also reported that the number of people with cholera seems to be increasing since more and more people from other districts are coming for treatment.

As for this outbreak of cholera in Nakhon Ratchasima Province, Dr Phaichit told the reporter that the cholera has been identified as a very serious biotype known as "El Tor Iba." When there are sudden outbreaks as at present, people may die since doctors cannot take preventive measure in time. Thus, the people in the various districts of Nakhon Ratchasima Province have been warned to take precautions against cholera. This is

an emergency. People must not eat food touched by flies and they should not eat meat salad or sliced meat that does not meet health standards. They should not drink dirty water; they should drink only water that has been boiled.

Besides the severe outbreak of cholera, Dr Phichit also told the reporter that there has been an outbreak of another disease as well. That is, people in various districts have come down with hemorrhagic fever. This results from being bitten by mosquitos. The mosquitos breed in the water jars kept around the house, in the flower pots and in the food pots kept on top of water containers. Because of this, people are bitten by mosquitos and become sick. More than 10 people have come down with hemorrhagic fever. Thus, the people have been asked to help quickly eliminate the breeding grounds of the mosquitos in the areas where people live.

Concerning the outbreaks of cholera and hemorrhagic fever, the provincial public health office has quickly sent officials to the various districts to treat the villagers, support preventive measures and give vaccinations.

11943

CSO: 5400/4306

THAILAND

HEMMORHAGIC FEVER STATISTICS REPORTED

Bangkok BAN MUANG in Thai 2 Jul 83 pp 1, 6

[Article: "Hemmorhagic Fever Spreads, Doctors Warn of Danger"]

[Text] The director-general of the Communicable Disease Control Department is worried about the spread of hemmorhagic fever. He has urged the people to help eliminate mosquitos for the sake of their health. Because by itself, the Ministry of Public Health cannot do things everywhere.

Dr Nada Siyaphai, the director-general of the Communicable Disease Control Department, said that now, the start of the rainy season, is the time of the year when there are outbreaks of hemmorhagic fever. At present, this disease has spread to every province and can be found in both urban and rural areas, particularly in the larger communities.

The statistics on the number of people who have contracted the disease from the beginning of 1983 through June show that 3,000 people have fallen ill and that 26 have died. This can be compared with the number who contracted the disease during the same period last year. That is, during the first half of 1982, 3,600 contracted this disease. On the average, each year approximately 20,000 people contract this disease and about 200 die.

The director-general of the Communicable Disease Control Department said that the spread of hemmorhagic fever seems to increase every 3 years. As for this year, this was a year in which it was expected that the number of patients would increase. But the figures show that the number of people who contracted this disease during the first 6 months of the year is lower than that for the first 6 months of last year.

Dr Nida said that this disease is caused by a virus that is spread by mosquitos. It occurs most frequently in children ages 4 to 12. When mosquitos bite children who have the disease and then bite other children, they spread the disease, with the severity of the outbreak depending on the number of mosquitos. The disease spreads during the rainy season since this is the season when mosquitos breed more. People with this disease will have a high fever for 2 to 3 days, they will feel drowsy, their face will be red, breathing will be labored, their arms and legs will be covered with red pimples and there will be subcutaneous bleeding. If

the symptoms are not too severe, the child will recover within 10 days. In severe cases, the child will experience high fever, vomiting and bleeding below the skin and in the gastrointestinal system, and stools will be black. The child will feel cold, with a sudden drop in temperature, and anxious and he may go into shock and die if he does not receive proper treatment.

Thus, if children have a high fever for 2-3 days, hemorrhagic fever should be suspected. No medicine to reduce the fever should be given. The child's temperature can be reduced by wiping the child's body with a wet cloth. The child should immediately be taken to a hospital.

As for preventing this disease, measures should be taken to prevent children from being bitten by mosquitos. Even if they take naps in the daytime, they should sleep under a mosquito net.

Dr Nida said that to control this disease, mosquitos must be eliminated. But at present, there is no way to eliminate all the mosquitos. Even though the Communicable Disease Control department has sprayed chemicals, this has not achieved the results it should have. This is because mosquito breeding grounds in populated areas expand very rapidly, particularly since people allow water to stagnate in various containers. Thus, people should understand that they must help eliminate these sources of stagnant water, such as earthen jars, bowls and cans. These should not be left lying about. The earthen jars used to hold drinking water should be covered tightly with a lid.

At the same time, the department is recommending that the people use "abet" sand and place it around the water jars in order to prevent the mosquitos from laying eggs. One application will provide protection for 3 months. This is sold at the agricultural cooperatives and in various communities.

11943

CSO: 5400/4306

THAILAND

CHOLERA, HEMMORHAGIC FEVER REPORTED IN LOPBURI, SARABURI

Bangkok DAO SIAM in Thai 9 Jul 83 pp 1, 16

[Article: "Cholera Kills Four in Lopburi"]

[Text] Cholera is spreading in Lopburi. Four people have died. People have been taken to the hospital. Dozens of others have hemmorrhagic fever. The villagers in two provinces are in danger. The officials concerned must find a way to help.

A DAO SIAM reporter in Lopburi reported that at 1600 hours on 8 July 1983, Mr Phin Mifut, the public health officer stationed in Phra Phutthabat District, sent an urgent letter to Mr Prakop Misombun, the provincial public health officer, requesting support. Because in Khun Khon and Phai Thep communes and Phra Phutthabat District, many people have contracted cholera and four have died.

After Mr Prakop Misombun received this urgent letter, he immediately sent public health officials to help. Because since the cholera epidemic broke out in the various areas, dozens of people have fallen ill. The number of people who have entered the Phra Phutthabat Hospital has already reached 34. Some of these had already entered the dangerous stage, but they received medical help in time. As for the others, the symptoms had just appeared. And while cholera was spreading in Saraburi Province, there was also an outbreak of hemmorrhagic fever. Most of the people with cholera also came down with hemmorrhagic fever.

At the same time, Dr Song Sisuphap, the director of the Lopburi provincial hospital, immediately sent officials concerned with this disease to treat the villagers since he was afraid that the two diseases would spread throughout Lopburi. Thus, Lopburi is taking measures to prevent this before it is too late.

11943

CSO: 5400/4306

THAILAND

BRIEFS

SPREAD OF VENEREAL DISEASES--It has been revealed that the number of people with primary-stage syphilis is 50 times higher than it was 20 years ago. It is expected that the number will increase 150,000 a year. Dr Somnuk Wibunyasek, the president of the Anti-Venereal Disease Association, talked with reporters at noon on 6 July. He said that at present, the number of people with primary-stage syphilis is 50 times higher than it was 20 years ago and that it is expected that the number of people with this disease will increase by 150,000 people a year. If this is in fact the case, in 5-10 years, many more people will have tertiary-stage syphilis, which cannot be cured. This is a slow death. That is, they may become paralyzed or go insane since the syphilis attacks the nervous system. Dr Somnuk said that since this is the case, the association wants to make an effort to get people who suspect that they might have primary syphilis to come for treatment as soon as possible. As for the symptoms of primary syphilis, hair falls out in clumps, the hair at the ends of the eyebrows falls out, a red rash, referred to as flowering, breaks out on the body and the person may experience a loss of appetite. Because the disease can be cured if treated in the primary stage, pregnant women in particular should receive treatment before the third month of their pregnancy and before this poses a danger to the baby. Dr Somnuk also said that at present in Thailand, the number of people afflicted with gonorrhea is increasing by 3 million people a year and it is costing 300 million baht a year to treat these people. As for the disease AIDS, which is a disease that afflicts mainly gays, it has not been found in Thailand. Concerning the registration of prostitutes, Dr Somnuk said that if this is actually done, the number of people who take up this occupation will probably increase, and this will not help solve the venereal disease problem. [Text] [Bangkok SIAM RAT in Thai 7 Jul 83 p 3] 11943

CSO: 5400/4306

UNITED ARAB EMIRATES

BRIEFS

MALARIA CAMPAIGN BEGINS--The Malaria Unit at Ra's al-Khaymah will start today, Saturday, its annual full-month campaign that will include spraying all areas in Ra's al-Khaymah, especially houses and residential districts to eradicate mosquitos and other harmful insects. The unit's program is divided into two parts. The first begins today and ends with the beginning of the Qurban Bairam. During that period, Shamal, Sh'am, al-Gir, al-Rams and neighboring districts will be sprayed. The second part includes spraying Izn, Khit, al-Diqdaqah, al-Kharan, Ra's al-Khaymah and neighboring districts. An official source at the malaria unit stated that all the campaign needs, such as insecticides and equipment, have been supplied. Text Dubayy
AL-BAYAN in Arabic 16 Sep 82 p 4 12357

CSO: 5400/4533

BRIEFS

CATTLE DISEASE FUNDING--CANBERRA, Wed--Commonwealth funding for the brucellosis and tuberculosis eradication campaign in the States and Territories has been increased by \$5.7 million. The Primary Industry Minister, Mr John Kerin, said that \$1.7 million would be spent on compensation for cattle destroyed in the eradication campaign. The Commonwealth would raise its contribution to these costs from 50 to 75 per cent. The total federal contribution to the eradication campaign in 1983/84 would now be \$12.4 million. Mr Kerin said that \$4 million would be provided on a matching dollar-for-dollar basis. WA would get \$80,000, the Northern Territory \$2.41 million, Queensland \$1.19 million and South Australia \$320,000. The industry's contribution in this financial year would remain at 45 per cent, with the Commonwealth providing 23 per cent of funding and the States and the Northern Territory providing 32 per cent. Mr Kerin said that though he acknowledged there were additional on-farm costs borne by producers as a result of the campaign, the industry would be the prime beneficiary. [Perth THE WEST AUSTRALIAN in English 15 Sep 83 p 24]

CSO: 5400/7508

INDIA

PULMONARY EMPHYSEMA REPORTED SPREADING AMONG ARMY MULES

BK180346 Hong Kong AFP in English 0149 GMT 18 Oct 83

[Article by Govindan Unny]

[Text] New Delhi, Oct 18 (AFP)--A spreading disease caused by fungal infection is threatening to wipe out Indian Army mules ferrying supplies to forward Himalayan outposts, according to army veterinary doctors. The disease, which weakens and ultimately kills, was unknown about seven years ago but has been spreading rapidly during the past few years.

Mules are a vital mode of transportation for the army in mountainous border areas, which are inaccessible even to helicopters.

A preliminary test by biologists at the Forst Research Institute in Mussoorie, north India, has led to contaminated feed as the likely source of infection, the sources said yesterday. The institute isolated certain disease-causing fungus in hay samples sent by the military veterinary hospital in Dehra Dun, site of India's top military academy. Diagnosed as "pulmonary emphysema," the disease is said to be prevalent among mules in almost all army equine centres. The biologists, who analysed the hay samples, found that most of them had "moderate to heavy infestation of mould fungi, including aspergillus nidulans and aspergillus flavus," the doctors said.

Tissues samples of infected animals have also been sent to the Indian Veterinary Research Institute in Izatnagar, Uttar Pradesh, where they were analysed by renowned mycologist Professor P.K. Ramachandra Iyer. During examination of the tissues of 13 mules from January to April this year, Prof. Iyer found massive damage to liver attributable to "aflatoxin," produced by the fungus, aspergillus flavus, the doctors said. Scientists at the Izatnagar Institute also recorded nodular lesion in the lung of the mule caused by a species of aspergillus fungus.

The army has set up an expert committee to ascertain how the hay feed supplies got contaminated with the deadly fungus and whether the feed stocks at the supply centre in the Delhi cantonment should be treated or destroyed.

The species aspergillus flavus produces a powerful toxin called "aflatoxin" which can contaminate feed and lead to massive damage to liver, according to mycologists in New Delhi. They said the aspergillus organism was also known to cause nodules in the lung and the kidney and attack the brain.

CSO: 5400/4702

BRIEFS

GERBILS CONTROL--The Natal Parks Board is to control the spread of gerbils, illegally imported into the country and sold as pets. The gerbils, known as Mongolian desert rats, are hosts to bubonic plague and it is possible that the outbreak in the Eastern Cape last year was caused by them. They are also a menace to farmers, devouring crops and causing tractors to fall into their burrows in which they live in large colonies. [Text] [Pretoria SOUTH AFRICAN DIGEST in English 30 Sep 83 p 10]

CSO: 5400/23

LOCUST SWARMS DESTROY CROPS

Kuala Belait THE BORNEO BULLETIN in English 3 Sep 83 p 2

[Text] Kudat.--Drought, bushfires...and now swarms of crop-destroying locusts.

Such have been the recent sufferings of farmers in part of the Kudat District.

Kudat was hit harder than most areas by the drought earlier this year, which was accompanied by raging bushfires.

The combination wiped out the crops of many Kudat farmers, and there were warnings from local officials that people faced starvation unless emergency aid was provided.

Rain finally started to fall in June, giving villagers hope that once again they could raise food for their families.

But about a dozen villages in the Matunggong area have seen their hopes eaten up by swarms of locusts.

According to Native Chief Mondorusun Masambit, 67, of Kampung Rondonon, "there must be hundreds of thousands of them."

Encik Mondorusun said the insects had destroyed his maize crop, and were now at work on vegetables he'd planted in the hills near his village.

He and his neighbours are particularly worried about next year's dry padi crop.

This is the planting season, and the padi of some farmers has already started to sprout--providing the pests with another source of food.

The locust invasion began at the end of June, when they were spotted by residents of Kampung Indarasan Darat.

Agriculture officials believe the winged insects migrated from the nearby Pitas District, where swarms were first reported just after the drought ended about three months ago.

When they showed up in the Kudat area, they were in the relatively harmless "hopper" stage, and the Agriculture Department gave villagers pesticides to use against them.

But the locusts survived, matured and multiplied, thriving on just about anything green, including lallang grass and maize and vegetable shoots and leaves.

Early last month the Agriculture Department launched an intensive control campaign.

Teams have been sent to spray infested fields with the pesticide Malathion, and often work from dawn to dusk.

And at night pressure lamps are sent out to attract the pests to traps.

However, the insects are so numerous, and have the ability to fly to safety, that they are proving hard to eliminate.

There have been locust invasions of the neighbouring Kudat, Pitas and Kota Belud districts in the past, and relief eventually came when the pests simply disappeared on their own.

For the affected people of Kudat, that day can't come too soon.

"We've been plagued with disasters, one after another," remarked Native Chief Mondorusun.

"First it was the drought and bushfires, and now the locusts.

"What will happen next?"

CSO: 5400/4321

NEMATODE HAMPERS POTATO EXPORTS

Christchurch THE PRESS in English 26 Sep 83 p 6

[Text]

Parliamentary reporter
The existence of potato cyst nematode in New Zealand has helped frustrate efforts to export potato chips to Australia.

Australia had clamped down on potato chips, said the Minister of Agriculture, Mr MacIntyre, in Parliament in reply to a series of questions.

Miss Ruth Richardson (Nat., Selwyn) asked what the level of infestation was.

Surveys conducted annually since 1975 showed that all of New Zealand was free of it except for three areas.

Mr MacIntyre said.

These areas were within a 20km radius of the centre of Pukekohe, within a 30 km radius of the centre of Christchurch, and an area within a 30 km radius of the centre of Dunedin.

The only responsible policy the Government

could adopt could be one of continuing quarantine, isolation, and control, said Mr MacIntyre.

The Ministry of Agriculture and the D.S.I.R. continually explored ways and means of testing for nematode.

Both departments were using the process of digging up every plant in a potato field in a 10 metre by 10 metre area, and testing not only the plant but also deep down into the roots, Mr MacIntyre said.

Dealing with the disease had a very high priority; \$1.3 million had been spent since the outbreak in 1974 trying to contain it.

Potatoes were a valuable export crop and the Government hoped that with C.E.R. potato chip exports to Australia might be possible, but Australia had clamped down.

CSO: 5400/4322

MARIANNE ISLAND QUARANTINE LIFTED AFTER COCONUT BLIGHT

Victoria NATION in English 7 Oct 83 p 2

[Text]

A FIVE-MONTH quarantine imposed on Marianne Island after a mysterious blight appeared in coconut trees there in April has been lifted after an investigation by two of the world's top coconut palm experts.

Under the regulations, the removal of copra and other agricultural produce from the island was banned. However, contrary to widespread reports on Mahé when the news reached here, no animals or people were taken of the island.

Yellowish

According to a press communiqué from the Agricultural Promotion Division of the National Development Ministry, the damage on the privately-owned island nearly eight kilometres east of La Digue was first noticed by the island manager, Mr. Wyn Pierre, from the sea.

The island, usually a lush green, looked yellow. On closer inspection, he found that coconuts were falling while still young and that the palms had a thick skirt of brown fronds.

Top experts

Two of the world's top coconut palm experts, Dr. Mark Schuiling from Tanzania and Dr. Lomer Renard from the Ivory Coast, were called in and made several trips to Marianne to investigate the mysterious blight.

Samples of the infected coconuts were sent to leading scientific establishments all over the world and although nothing can be certain as yet, it is generally believed that the damage may have been caused by a combination of insect attack, and the drought and high winds of 1982.

Meanwhile, the government imposed a quarantine on the island, banning the removal of copra, sweet potatoes, bananas and oranges from Marianne to other islands.

Because of this, the press statement said, a lot of copra was lost. As the 95 hectares of Marianne made up one of the best copra producing plantations in Seychelles, this would mean "a huge reduction" in national copra production and exports in 1983—1984.

"This has caused the manager and the workers of Marianne considerable hardship, but they have been most co-operative in helping the experts . . . and held to the quarantine regulations with exemplary strictness," the communiqué added.

At present, most of the palms seem to be recovering and Marianne looks green again. However it will be many months before copra production returns to normal, the press release states. **SAP**

CSO: 5400/16

PLANT

TANZANIA

AUSTRALIA, UK, EEC CONTRIBUTE TO GRAIN BORER CONTROL PROJECT

Dar es Salaam DAILY NEWS in English 19 Oct 83 p 1

[Article by Ernest Ambali]

[Text] Australia, Britain and the European Economic Community (EEC) have pledged over 11 million shillings to Tanzania under the "Larger Grain Borer Control Programme" during the current financial year.

Under the programme, the government had estimated to spend over 35m/- during the next two years of which more than 27m/- would be foreign and 7.5m/- local money.

At a donors' meeting in Dar es Salaam yesterday, the three financiers made the pledge on condition that "contributions were also made by other donors".

The meeting, chaired by the new FAO representative in Tanzania, Mr. Campbell R. MacCulloch, was also attended by the World Bank and Sweden.

British High Commission Secretary for Development, Geoffrey Williams told the DAILY NEWS that his country had pledged about 2.3m/-.

Britain would also provide a project manager, two experts for pest control and one training specialist.

The EEC pledged to inject into the programme about 4.2m/- for purchasing insecticides and spraying equipment. However, Antony J. L. Smith, who represented the Community said the pledged needed approval of the EEC Commission.

Australia, represented by Allan McKay, Under Secretary to the Australian High Commission to Tanzania, pledged some 4.8m/-.

Both the EEC and Australia also pledged their financial aids on condition that other donors for the programme were forthcoming.

Sweden, according to Planning Officer, Mr. Leif Hinderson, "is interested in the prevention of further spread of the pest". Sweden would provide emergency funds through the Swedish International Development Agency (SIDA) which was still discussing the funding with FAO, he said.

CSO: 5400/18

END